

# 8th International Meshing Roundtable - October 10-13, 1999 - Lake Tahoe, California

## Registration Form

Register Early  
DEADLINE: September 10, 1999

Name \_\_\_\_\_ Position \_\_\_\_\_  
Company Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Mail Stop: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Web Address \_\_\_\_\_

## Security Information

US Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

If No, please fill in the below information. Because this is a Sandia Laboratory sponsored event, DOE requires the below information from non-United States citizens. No other action is required.

Full Name (including middle initial): \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Place of Birth \_\_\_\_\_  
Current Citizenship: \_\_\_\_\_

## Please Indicate Participation

Short Course, Sunday October 10th @ \$100 per person, Embassy Suites Resort  
I will attend: ☐ YES ☐ NO

Poster Session: Monday Evening, October 11th, Heavenly Mountain Tram  
I will attend: ☐ YES ☐ NO  
Guest(s) will attend: \$25 per person. How Many \_\_\_\_\_ ☐ YES ☐ NO

I will have an entry(s) for the Poster Session: ☐ YES ☐ NO  
If yes, how many entries? \_\_\_\_\_

I will have an entry(s) for the Vendor Exhibit: ☐ YES ☐ NO

Banquet and Dinner Cruise on Paddle Wheel Boat Cruising Lake Tahoe  
Tuesday Evening, October 12, 1999  
I will attend: ☐ YES ☐ NO  
Guest(s) will attend: \$50 per person . How Many \_\_\_\_\_ ☐ YES ☐ NO

## Registration Fees

MEETING COSTS: \$285 BEFORE SEPTEMBER 10, 1999  
\$325 AFTER SEPTEMBER 10, 1999  
\$80 Student Registration with Student ID

REGISTRATION: Full Registration @ \$285/\$325 Per Attendee \_\_\_\_\_  
Student Registration @ \$80 Per Attendee \_\_\_\_\_  
Short Course @ \$100 per Attendee \_\_\_\_\_  
NOT COVERED IN: Guest(s) Attending Poster Session @ \$25/person \_\_\_\_\_  
REGISTRATION Guest(s) Attending Banquet @ \$50/person \_\_\_\_\_  
FEE TOTAL AMOUNT ENCLOSED \_\_\_\_\_

## Registration

\_\_\_\_ VISA \_\_\_\_ MasterCard \_\_\_\_ AmEx (Check One)

Card Number \_\_\_\_\_ Expires \_\_\_\_\_

Signature \_\_\_\_\_

MAKE CHECKS or MONEY ORDERS PAYABLE TO:  
SANDIA NATIONAL LABORATORIES  
Attn.: Tammy Eldred, Conference Coordinator  
PO Box 5800, MS0841  
Albuquerque, NM 87185-0841

## Registration - Sandia Labs Participants Only

Case Number (Active) \_\_\_\_\_ Case Manager Approval Signature \_\_\_\_\_

## Special Needs

Please indicate here if you require special accessibility or accommodations at this meeting. My requirements are: (e.g. **vegetarian, disability accommodations, audio/visual requirements for speakers, etc.**)

## For Registration Information

Tammy Eldred, Conference Coordinator (Mail Stop: 0841)  
Office: 505-844-0180 Fax: 505-844-8251 Email: tjeldre@sandia.gov

~ RETURN THIS FORM WITH PAYMENT TO THE ADDRESS PROVIDED ~